

MODULE I

HANDOUTS

Module I:
Eliminating Barriers for Learning:
The Foundation
Handouts

I-24



**MENTAL
HEALTH**

it's part of our classrooms

Adolescent Development

Area	Description	Milestones
Physical	<ul style="list-style-type: none"> • Increase in height/weight • Hormonal changes • Maturation of brain/neural system 	<ul style="list-style-type: none"> • Secondary sex characteristics • Strength/dexterity
Intellectual	<ul style="list-style-type: none"> • Reasoning • Abstract thinking • “Thinking about thinking” 	<ul style="list-style-type: none"> • Logic/consequences • Concepts/ideas • Metacognition
Social-Emotional	<ul style="list-style-type: none"> • Formation of attitudes, beliefs, and values (identity development) • Recognition of consequences of decisions made • Awareness of one’s own and others’ behavior; formation of ideas of appropriateness 	<ul style="list-style-type: none"> • Self-direction • Sense of purpose • Autonomy • Conflict resolution • Self-esteem and self-efficacy

Caleb's Story

Caleb was asked to leave Mrs. Parker's class for the third time this week. As he waited in the main office to see the assistant principal, Caleb started to think about what his mother might say. It was already the fifth week of the second marking period and nothing about Caleb's behavior had changed. He was talking in class, twirling his house keys, and Mrs. Parker, according to Caleb, had it in for him. How could he explain any of this to the assistant principal? To his mother? He just seemed to always stand out somehow.

Caleb thought about the years of getting into trouble at school. He had attention-deficit/hyperactivity disorder and had taken medicine from first grade to sixth grade. He switched medicines at different times and he remembered how many headaches and stomach aches went along with those medicines. Sometimes he fell asleep in class or he felt really jumpy or upset. In sixth grade, he stopped taking the medicine. It just didn't seem to keep him focused anymore. "So what?" Caleb mumbled to himself. No more headaches.

Yet Caleb remembered how bad sixth grade had been. He was in trouble every day. He recalled how he accidentally got stuck in his chair, falling in between the seat and the backrest. How on earth did he do that? The other students had laughed and the teacher was so mad! So many things had happened and his grades just kept going down.

The school said they couldn't help him, but Caleb told the other kids he got kicked out. Caleb's mother had told him that he didn't have to pretend he was a bad kid to get others to like him. He told her that being bad was better than being sick.

Middle school had felt like a big zoo with all the guys acting like gorillas. Caleb felt angry thinking about how many fights he had to avoid. He just seemed to annoy people for no reason. To top it off, his teachers just seemed to hate him. He lost his work or didn't write down the assignments. Detention was a weekly event. He ended up going to

the guidance office to eat his lunch so he could avoid all the guys who made his life miserable. Once he took two pints of chocolate milk out of the cafeteria and put them in his backpack. That was a big mistake! When he walked down the hallway, one of the guys kicked his backpack. By the time Caleb made it to the guidance office the pints were crushed open and milk was on all of his schoolwork. The secretary yelled at him for making a mess and kicked him out of the office.

All anyone ever told Caleb was that he didn't try hard enough. They would tell him he was smart but an underachiever, whatever that meant. Caleb decided he was just lazy. It seemed like each time, he would decide to keep his mouth shut, and then he would forget. His teachers wrote that he was disruptive, talkative, and didn't follow the rules of the class.

Caleb was called into the assistant principal's office. The assistant principal told Caleb that detention just didn't seem to have any consequences, so he was given two days of in-school suspension because the number of incidences was escalating. Caleb thought about his failing grades. At least in suspension he could catch up on his work, he imagined. *Wait until my mother sees my grades,* Caleb worried to himself. *I don't think I have above a 30 in math and I am failing English, too.*

The bell rang. Caleb was going to be late for Earth Science and he'd forgotten to ask for a pass. Of course, the teacher probably wouldn't believe that he was at the office. Caleb decided he was in trouble anyway, so he might as well take his time. No one believed him, he decided. He thought maybe he should just do whatever he wanted. What was the point, anyway?

Definitions: Serious Emotional Disturbances and Stigma

Serious emotional disturbances:

Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. These disorders include depression, attention-deficit/hyperactivity disorder, anxiety disorders, conduct disorder, and eating disorders.

Source:

Glossary of Terms, Child and Adolescent Mental Health, Center for Mental Health Services; www.mentalhealth.samhsa.gov/publications/allpubs/CA-0005/default.asp

Stigma:

In these modules, stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses. Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma, and the resulting discrimination, discourages individuals and their families from getting the help they need.

Sources:

Anti-Stigma: Do You Know the Facts? Child and Adolescent Mental Health, Center for Mental Health Services; www.mentalhealth.samhsa.gov/publications/allpubs/OEL99-0004/default.asp

New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003.

How Stigma and Discrimination Keep Teens and Families From Getting Help

Youth, parents, and educators all too often do not take steps toward seeking help because they do not know **WHAT**, **WHY**, or **WHERE**, as follows:

WHAT (Identification)

- They are reluctant to recognize behavior, thoughts, or feelings that impair youths' functioning.

WHY (Referral)

- They are aware of problems but believe they will pass.
- They do not encourage intervention/treatment because it would mean youth is "crazy."*
- They are aware of impairment but "it has nothing to do with school/job/sports."
- They are unsure how to address the concern.

WHERE (Treatment)

- They are unaware treatment is available.
- They are hesitant to reveal personal information because they fear a breach of confidentiality.
- They are afraid of being blamed.
- They feel ashamed or embarrassed.

* "Crazy" is a stigmatizing term that reflects misunderstanding of mental illnesses and serious emotional disturbances. It should be avoided.

The Teacher's Role

The teacher's role as a supportive adult is critical to a student with mental health and emotional problems. Specific functions within a supportive adult role include:

- **Observer**—Notice social and academic behaviors that appear inappropriate or distressing. Take note of intensity, duration, frequency, and impact.
- **Catalyst**—Speak with the student; refer the student to a member of the pupil personnel support staff, such as a social worker, psychologist, or counselor; and partner with this professional to voice concerns to the parents/caregivers of the student. Make a referral to the school's intervention team or committee if academic or social difficulties are substantial.
- **Team member**—Be willing to work with parents, the student, the school, and others involved to provide feedback about the student's progress, any impact of medications, and what seems to be working.
- **Educator**—Refer to the student's Individualized Education Plan (IEP) if one exists. Modify coursework as indicated. Ask for assistance from special education coordinators, if necessary, and let them know if the student seems to need more support than what is written in the IEP.
- **Role model**—Demonstrate empathic, encouraging, and hopeful responses when others are discouraged by the student's behavior, lack of progress, or "willfulness." When in doubt about how to respond, think before speaking out of anger, frustration, or discouragement. Youth with special needs can act in ways that make adults feel inadequate or incompetent. Don't take it personally. Separate the behavior from the person.
- **Collaborator**—Work with the student and school support staff to come up with ways to assist the student and identify what benefits the student most.